

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Deborah Hurst et al.
Application No. : 10/566,410 (U.S. National Phase of PCT/US04/17921)
§ 371 Date : January 30, 2006
For : METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC
LEUKEMIA

Docket No. : 59516-313
Date : February 21, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION UNDER 37 C.F.R. § 1.47(a)

Commissioner for Patents:

Under 37 C.F.R. § 1.47(a), if a joint inventor refuses to join or cannot be reached after diligent effort, the application may be made by the remaining joint inventors on behalf of themselves and the non-signing inventor.

Applicant submits herewith a response to the Notification of Missing Requirements dated July 21, 2006. The response includes inventor declarations signed by four of the five named inventors. Despite Applicant's diligent effort, they were unable to obtain inventor Wolin's signature on the inventor declaration. The enclosed declaration by Lisa Nash in support of this petition, more fully describes Applicant's efforts in this regard.

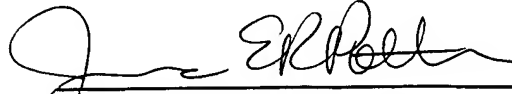
The last known address of the non-signing inventor is:

Maurice Wolin
304 Scenic Avenue
Piedmont, California, 94611
United States of America

In view of the above, Applicant hereby petitions for this application to be accorded status under 37 C.F.R. § 1.47(a). The petition fee as set forth in 37 C.F.R. §

1.17(h), is enclosed herewith. Favorable consideration of this petition is hereby requested.

Respectfully submitted,
Deborah Hurst et al.
Davis Wright Tremaine LLP



Dr. Jane E.R. Potter, Esq.
Registration No. 33,332

JEP:ml
Enclosure:
Declaration of Lisa Nash

2600 Century Square
1501 Fourth Avenue
Seattle, WA 98101-1688
Phone: (206) 622-3150
Facsimile: (206) 628-7699

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FEE
Under 37 CFR 1.17(f), (g) & (h)
TRANSMITTAL
(Fees are subject to annual revision)

Send completed form to: Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Application Number	10/566,410
Filing Date	January 30, 2006
First Named Inventor	Deborah Hurst
Art Unit	
Examiner Name	
Attorney Docket Number	59516-313

Enclosed is a paper filed under 37 CFR 1.47(a) that requires a processing fee (37 CFR 1.17(f), (g), or (h)). Payment of \$ 200 is enclosed.

This form should be included with the above-mentioned paper and faxed or mailed to the Office using the appropriate Mail Stop, (e.g., Mail Stop Petition), if applicable. For transmittal of petition fees under 37 CFR 1.17(i) see form PTO/SB/17i.

Payment of Fees (small entity amounts are NOT available for the petition fees)

- ☒ The Commissioner is hereby authorized to charge the following fees to Deposit Account No. 04-0258 :
☒ processing fee under 37 CFR 1.17(f), (g) or (h) ☒ any deficiency of fees and credit of any overpayments

Enclose a duplicative copy of this form for fee processing.

- ☐ Check in the amount of \$ _____ is enclosed.
- ☐ Payment by credit card (Form PTO-2038 or equivalent enclosed). Do not provide credit card information on this form.

Petition Fees under 37 CFR 1.17(f): Fee \$400 Fee Code 1462

For petitions filed under:

- § 1.53(e) - to accord a filing date.
- § 1.57(a) - to accord a filing date.
- § 1.182 - for decision on a question not specifically provided for.
- § 1.183 - to suspend the rules.
- § 1.378(e) - for reconsideration of decision on petition refusing to accept delayed payment of maintenance fee in an expired patent.
- § 1.741(b) - to accord a filing date to an application under § 1.740 for extension of a patent term.

Petition Fees under 37 CFR 1.17(g): Fee \$200 Fee Code 1463

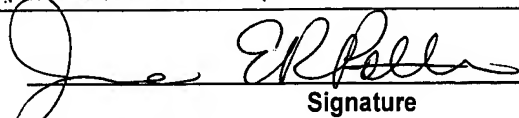
For petitions filed under:

- § 1.12 - for access to an assignment record.
- § 1.14 - for access to an application.
- § 1.47 - for filing by other than all the inventors or a person not the inventor.
- § 1.59 - for expungement of information.
- § 1.103(a) - to suspend action in an application.
- § 1.136(b) - for review of a request for extension of time when the provisions of section 1.136(a) are not available.
- § 1.295 - for review of refusal to publish a statutory invention registration.
- § 1.296 - to withdraw a request for publication of a statutory invention registration filed on or after the date the notice of intent to publish issued.
- § 1.377 - for review of decision refusing to accept and record payment of a maintenance fee filed prior to expiration of a patent.
- § 1.550(c) - for patent owner requests for extension of time in *ex parte* reexamination proceedings.
- § 1.956 - for patent owner requests for extension of time in *inter partes* reexamination proceedings.
- § 5.12 - for expedited handling of a foreign filing license.
- § 5.15 - for changing the scope of a license.
- § 5.25 - for retroactive license.

Petition Fees under 37 CFR 1.17(h): Fee \$130 Fee Code 1464

For petitions filed under:

- § 1.19(g) - to request documents in a form other than that provided in this part.
- § 1.84 - for accepting color drawings or photographs.
- § 1.91 - for entry of a model or exhibit.
- § 1.102(d) - to make an application special.
- § 1.138(c) - to expressly abandon an application to avoid publication.
- § 1.313 - to withdraw an application from issue.
- § 1.314 - to defer issuance of a patent.


Signature
Dr. Jane E.R. Potter, Esq.

Typed or printed name

February 21, 2007

Date

33,332

Registration No., if applicable

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of
Invention****METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA**

As the below named inventor(s), I/we declare that:

This declaration is directed to:



The attached application, or

The U.S. National Stage of PCT/US04/017921, filed on June 4, 2004,☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: Deborah HurstSignature: Citizen of: United StatesInventor two: Cornelia Quadt

Signature: _____

Citizen of: GermanyInventor three: Maurice J. Wolin

Signature: _____

Citizen of: United StatesInventor four: Sandra Milan

Signature: _____

Citizen of: United StatesInventor five: Anders C. Osterborg

Signature: _____

Citizen of: Sweden

Inventor six: _____

Signature: _____

Citizen of: _____


☒ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

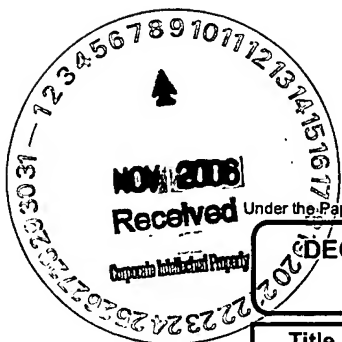
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p><input type="checkbox"/> The attached application, or</p> <p><input checked="" type="checkbox"/> The U.S. National Stage of <u>PCT/US04/017921</u>, filed on <u>June 4, 2004</u>,</p> <p><input type="checkbox"/> as amended on _____ (if applicable);</p> <p>I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;</p> <p>I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	
<p>FULL NAME OF INVENTOR(S)</p> <p>Inventor one: <u>Deborah Hurst</u></p> <p>Signature: _____ Citizen of: <u>United States</u></p>	
<p>Inventor two: <u>Cornelia Quadt</u></p> <p>Signature: <u></u> Citizen of: <u>Germany</u></p>	
<p>Inventor three: <u>Maurice J. Wolin</u></p> <p>Signature: _____ Citizen of: <u>United States</u></p>	
<p>Inventor four: <u>Sandra Milan</u></p> <p>Signature: _____ Citizen of: <u>United States</u></p>	
<p>Inventor five: <u>Anders C. Osterborg</u></p> <p>Signature: _____ Citizen of: <u>Sweden</u></p>	
<p>Inventor six: _____</p> <p>Signature: _____ Citizen of: _____</p>	
<p><input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.</p>	
<p><small>This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</small></p> <p><small>If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.</small></p>	

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
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Invention****METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ The U.S. National Stage of PCT/US04/017921, filed on June 4, 2004,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)Inventor one: Deborah HurstSignature: _____ Citizen of: United StatesInventor two: Cornelia QuadtSignature: _____ Citizen of: GermanyInventor three: Maurice J. WolinSignature: _____ Citizen of: United StatesInventor four: Sandra MilanSignature:  Citizen of: United StatesInventor five: Anders C. OsterborgSignature: _____ Citizen of: Sweden

Inventor six: _____

Signature: _____ Citizen of: _____

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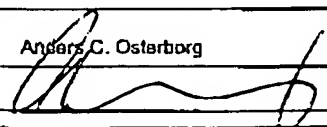
PTO/SB/01A (07-06)

Approved for use through 01/31/2007. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC LEUKEMIA
<p>As the below named inventor(s), I/we declare that:</p> <p>This declaration is directed to:</p> <p style="text-align: center;"> <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> Application No. <u>10/566,410</u>, filed on <u>January 30, 2006</u>, <input type="checkbox"/> as amended on _____ (if applicable); </p> <p>I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;</p> <p>I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	
FULL NAME OF INVENTOR(S)	
Inventor one: <u>Deborah Hurst</u>	
Signature: _____	Citizen of: <u>United States</u>
Inventor two: <u>Comelia Quadt</u>	
Signature: _____	Citizen of: <u>Germany</u>
Inventor three: <u>Maurice J. Wolin</u>	
Signature: _____	Citizen of: <u>United States</u>
Inventor four: <u>Sandra Milan</u>	
Signature: _____	Citizen of: <u>United States</u>
Inventor five: <u>Anders C. Osterborg</u>	
Signature: 	Citizen of: <u>Sweden</u>
Inventor six: _____	
Signature: _____	Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	
<small>This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8109 and select option 2.</small>	

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Deborah Hurst et al.
Application No. : 10/566,410 (U.S. National Phase of PCT/US04/17921)
§ 371 Date : January 30, 2006
For : METHODS OF THERAPY FOR CHRONIC LYMPHOCYTIC
LEUKEMIA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DECLARATION OF LISA NASH IN SUPPORT OF PETITION UNDER
37 C.F.R. § 1.47(a)

Commissioner for Patents:

I, Lisa Nash, declare and state that:

I am a Patent Assistant at Novartis Vaccines and Diagnostics, Inc.
(formerly known as Chiron Corporation);

The inventors named in U.S. Patent Application No. 10/566,410, which
entered the U.S. National Stage on January 30, 2006, are Deborah HURST, Cornelia
QUADT, Maurice J. WOLIN, Sandra MILAN, and Anders C. OSTERBORG;

All of the named inventors except for Mr. Wolin have executed the
inventor declaration;

Mr. Wolin is no longer employed by Novartis Vaccines and Diagnostics,
Inc.;

I sent a copy of the application as filed and the inventor declaration to Mr. Wolin
for signature at his last known address, 304 Scenic Avenue, Piedmont, CA 94611;

Attached as Exhibit A is a copy of my first letter to Mr. Wolin sent by
U.S. first-class mail on October 16, 2006;

On January 9, 2007, I tried a telephone number (510-655-6334) listed as Mr. Wolin's on ZabaSearch.com. I left a message at that number, but did not receive a return phone call;

Attached as Exhibit B is a copy of my second letter to Mr. Wolin sent by Federal Express (FedEx) Courier. A FedEx Tracking Summary, attached as Exhibit C, shows that the letter was delivered to Mr. Wolin's last known address on January 11, 2007. The package was not signed for, but was left at the front door by the FedEx Courier;

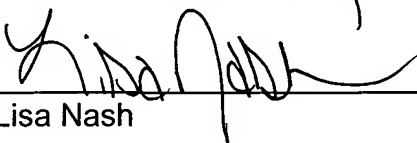
On January 29, 2007, I again tried the telephone number I located on ZabaSearch.com, and asked to speak with Mr. Wolin. The person who answered the telephone told me that there was no one at that number by that name.

On February 5, 2007, I sent the same letter and enclosures to Mr. Wolin's last known address by FedEx (signature requested). Exhibit D is a FedEx Tracking Summary, showing that the package was delivered to Mr. Wolin's last known address on February 7, 2007, and was signed for by "S.Martinez"; and

To date, Mr. Wolin has not returned the declaration to Novartis Vaccines and Diagnostics, Inc.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that the making of willfully false statements and the like is punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and may jeopardize the validity of any patent issuing from this patent application.

Dated this 20 day of February, 2007.



Lisa Nash

EXHIBIT A



October 16, 2006

Maurice Wolin
304 Scenic Avenue
Piedmont, CA 94611

Re: Our Reference No. 20110.0005
Entitled "Methods of Therapy for Chronic Lymphocytic Leukemia"

Dear Dr. Wolin:

Enclosed for your review please find a copy of the above-referenced patent application as filed in the U.S. Patent and Trademark Office on January 30, 2006, which names you as a co-inventor. Please note that this application is to be treated as confidential material. Therefore, please do not refer to this application on any documents, such as your CV.

After you have completed your review of the application as filed, noting any typographical errors or erroneous statements, please sign the Declaration document. The Declaration states that you have read the application as filed and that you confirm that you are an inventor. In addition, the Declaration states that, as an inventor, you will inform the U.S. Patent and Trademark Office of any publications or disclosures that may affect the patentability of the claimed invention.

Please return the signed document in the prepaid, self-addressed envelope provided. Thank you for your assistance. If you have any questions, please let me know.

Sincerely,

Novartis Vaccines and Diagnostics, Inc.

A handwritten signature in black ink, appearing to read 'Lisa M. Nash', written over the printed name.

Lisa M. Nash
Patent Assistant

Enclosure

EXHIBIT B

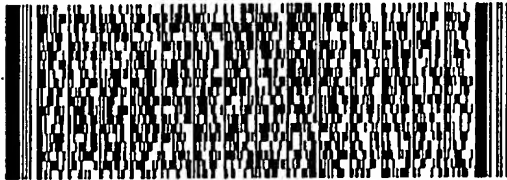
From: Origin ID: (510)923-2707
Lisa Nash
Novartis Vaccines and Diagnostics
4560 Horton Street
Emeryville, CA 94608



CLS 000206/0023

SHIP TO: (510)655-6334

BILL SENDER

Maurice Wolin**304 Scenic Avenue****Piedmont, CA 94611**

Ship Date: 10JAN07
ActWgt: 1 LB
System#: 2071420/INET2500
Account#: S *****

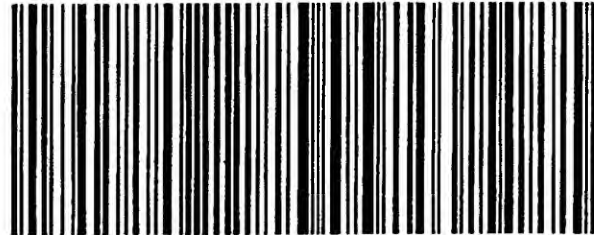
REF:



Delivery Address Bar Code

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11JAN07

TRK# 7980 8233 5273

FORM
0201**OAK A1****94611** -CA-US
RES**WA OAKA**

Shipping Label: Your shipment is complete

1. Use the 'Print' feature from your browser to send this page to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

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Your Shipment Details:

Ship to:	Maurice Wolin 304 Scenic Avenue Piedmont, CA 94611 US (510) 655-6334	Package type:	FedEx Envelope
		Pickup/Drop Off:	give to scheduled courier at my locati
		Weight:	1 LBS
		Dimensions:	0 x 0 x 0 in
		Declared value:	0 USD
		Shipper account number:	110114427
From:	Lisa Nash Novartis Vaccines and Diagnostics 4560 Horton Street Emeryville, CA 94608 US 5109232707	Bill transportation to:	110114427
		Courtesy rate quote:*	6.46
		Discounted variable %	0.00
		Special services:	Residential delivery
		Shipment Purpose:	
		Shipment type:	Express
Tracking no:	798082335273		
Ship date:	Jan 10 2007		
Service type:	Standard Overnight		

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Please note

*The courtesy rate shown here may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdirection, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the contents, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. Consult the applicable FedEx Service Guide for details.



~~October 16, 2006~~

January 10, 2007

Maurice Wolin
304 Scenic Avenue
Piedmont, CA 94611

Second Request

Re: Our Reference No. 20110.0005
Entitled "Methods of Therapy for Chronic Lymphocytic Leukemia"

Dear Dr. Wolin:

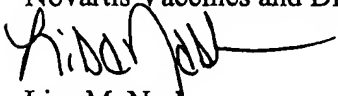
Enclosed for your review please find a copy of the above-referenced patent application as filed in the U.S. Patent and Trademark Office on January 30, 2006, which names you as a co-inventor. Please note that this application is to be treated as confidential material. Therefore, please do not refer to this application on any documents, such as your CV.

After you have completed your review of the application as filed, noting any typographical errors or erroneous statements, please sign the Declaration document. The Declaration states that you have read the application as filed and that you confirm that you are an inventor. In addition, the Declaration states that, as an inventor, you will inform the U.S. Patent and Trademark Office of any publications or disclosures that may affect the patentability of the claimed invention.

Please return the signed document in the prepaid, self-addressed envelope provided. Thank you for your assistance. If you have any questions, please let me know.

Sincerely,

Novartis Vaccines and Diagnostics, Inc.


Lisa M. Nash
Patent Assistant

Enclosure

EXHIBIT C

[Close Window](#)Track Shipments
Detailed Results

Print

Tracking number	798082335273	Destination	Piedmont, CA
Signed for by	Signature release on file	Delivered to	Residence
Ship date	Jan 10, 2007	Service type	Standard Envelope
Delivery date	Jan 11, 2007 1:51 PM	Weight	0.5 lbs.
Status	Delivered		

Date/Time	Activity	Location	Details
Jan 11, 2007	1:51 PM Delivered	Piedmont, CA	Left at front door. Package delivered to recipient address - release authorized
	7:59 AM On FedEx vehicle for delivery	OAKLAND, CA	
	6:55 AM Departed FedEx location	OAKLAND, CA	
	6:44 AM At local FedEx facility	OAKLAND, CA	
Jan 10, 2007	7:57 PM Arrived at FedEx location	OAKLAND, CA	
	7:29 PM Left origin	EMERYVILLE, CA	
	5:25 PM Picked up	EMERYVILLE, CA	
	11:38 AM Package data transmitted to FedEx		

[E-mail results](#) [Track more shipments](#)

Subscribe to tracking updates (optional)

Your Name: Your E-mail Address:

E-mail address	Language	Exception updates	Delivery updates
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>

Select format: ☒ HTML ☐ Text ☐ Wireless

Add personal message:

Not available for Wireless or non-English characters.

EXHIBIT D

[Ship](#) [Track/History](#) [Address Book](#) [Preferences](#) [Fast Ship](#) [Reports](#) [My Profile](#)[<< Log out](#) [Home](#)

Your Shipment Details:

Ship to:	Maurice Wolin 304 Scenic Avenue Piedmont, CA 94611 US (510) 923-2707	Package type:	FedEx Envelope
		Pickup/Drop Off:	give to scheduled courier at my locati
		Weight:	1 LBS
		Dimensions:	0 x 0 x 0 in
		Declared value:	0 USD
		Shipper account number:	110114427
From:	Lisa Nash Chiron Corporation 4560 Horton Street Emeryville, CA 94608 US 5109232707	Bill transportation to:	110114427
		Courtesy rate quote:*	8.37
		Discounted variable %	0.00
		Special services:	Direct signature required Residential delivery
		Shipment Purpose:	
		Shipment type:	Express
Tracking no:	792928383572		
Ship date:	Feb 05 2007		
Service type:	Standard Overnight		

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[Close Window](#)Track Shipments
Detailed Results

Print

Tracking number	792928383572	Destination	Piedmont, CA
Signed for by	S.MARTINEZ	Delivered to	Residence
Ship date	Feb 6, 2007	Service type	Standard Envelope
Delivery date	Feb 7, 2007 2:41 PM	Weight	0.5 lbs.
Status	Delivered		

Date/Time	Activity	Location	Details
Feb 7, 2007	2:41 PM Delivered	Piedmont, CA	
	7:54 AM On FedEx vehicle for delivery	OAKLAND, CA	
	6:44 AM At local FedEx facility	OAKLAND, CA	
Feb 6, 2007	8:16 PM Arrived at FedEx location	OAKLAND, CA	
	7:52 PM Left origin	EMERYVILLE, CA	
	5:14 PM Picked up	EMERYVILLE, CA	
Feb 5, 2007	7:00 PM Package data transmitted to FedEx		

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Subscribe to tracking updates (optional)

Your Name: Your E-mail Address:

E-mail address	Language	Exception updates	Delivery updates
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English	<input type="checkbox"/>	<input type="checkbox"/>

Select format: ☒ HTML ☐ Text ☐ Wireless

Add personal message:

Not available for Wireless or non-English characters.

☐ By selecting this check box and the Submit button, I agree to these [Terms and Conditions](#)[Close Window](#)